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## \*BIBDATASHEET\*

CONFIRMATION NO. 2351

Bib Data Sheet

<b>SERIAL NUMBER</b> 10/724,663	<b>FILING OR 371(c) DATE</b> 12/01/2003 <b>RULE</b>	<b>CLASS</b> 604	<b>GROUP ART UNIT</b> 3763	<b>ATTORNEY DOCKET NO.</b> 1032-P00781US4
<b>APPLICANTS</b> Michael J. Botich, Oxnard, CA; Thor R. Halseth, Simi Valley, CA;				
<b>** CONTINUING DATA *****</b> This application is a CON of 09/670,182 09/26/2000 ABN which is a CIP of 08/922,905 09/03/1997 PAT 6,123,688 which is a CIP of 08/699,998 08/20/1996 PAT 5,788,677 which claims benefit of 60/002,630 08/22/1995 and claims benefit of 60/004,450 09/29/1995 and claims benefit of 60/005,895 10/26/1995 and said 08/922,905 09/03/1997 claims benefit of 60/025,342 09/03/1996 and claims benefit of 60/050,797 06/26/1997				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> <b>** 02/27/2004</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 12	<b>TOTAL CLAIMS</b> 16  <b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> 65008				
<b>TITLE</b> PRE-FILLED RETRACTABLE NEEDLE INJECTION AMPOULES				
<b>FILING FEE RECEIVED</b> 410	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	